



## Calculating and Reporting Claims-Based Measures Within the Hospice Quality Reporting Program

### Questions and Answers

#### 1. What claims-based measures are part of the Hospice Quality Reporting Program (HQRP)?

The HQRP includes two measures that are calculated from Medicare Fee-For-Service (FFS) claims: Hospice Visits in the Last Days of Life (HVLDL) and the Hospice Care Index (HCI).

- **HVLDL** measures the proportion of a hospice's patients who have received in-person visits from a registered nurse or medical social worker on at least two out of the final three days of the patient's life.
- **HCI** is a single measure comprising ten indicators calculated from Medicare FFS claims data.<sup>1</sup> The sum of the points earned from meeting the criterion of each indicator results in the hospice's HCI score, with 10 as the highest possible score.

#### 2. How will consumers benefit from having claims-based measures on Care Compare?

Claims are a rich source of data that reflect many aspects of health care utilization. These data are collected based on care delivered. They will provide consumers with more direct information about decisions and actions made during the delivery of care than patient assessments or surveys. Claims-based measures will complement the information already on Care Compare and provide a different perspective on the quality of care provided.

#### 3. How many years of data will CMS use to calculate HVLDL and HCI, and why?

CMS will calculate the claims-based measures using two years of data (eight quarters). Using two years of data, rather than one, allows CMS to publicly report the scores of more hospices with worse scores for HVLDL and HCI. CMS believes it is important to support consumers by sharing information on those hospices, and to incentivize them to improve as well. Using two years of data strikes a balance between a) the benefits of reporting fewer years of more timely data (compared to using three years of data) and b) the need to be more inclusive of smaller hospices (compared to one year of data).

#### 4. Will CMS report claims-based measures from care delivered during the COVID-19 Public Health Emergency (PHE)?

CMS will omit quarters 1 and 2 of 2020, the onset of the pandemic in the United States, from publicly reported claims-based measures. CMS will include data from quarter 3 2020 onward:

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<sup>1</sup> The 10 indicators comprising the HCI include: provided Continuous Home Care/General Inpatient Care; Gaps in skilled nursing visits; Early live discharges; Late live discharges; Burdensome transitions, Type 1; Burdensome transitions, Type 2; Per-beneficiary Medicare spending Skilled Nursing care minutes per routine home care day; Skilled nursing minutes on weekends; and Visits near death.

while the COVID-19 PHE did not end at that time, CMS is committed to empowering consumers to make informed decisions. Given that each measure will pool two years of data, we can reasonably state that the COVID-19 PHE affected hospices nationally in a similar way, despite regional differences in the timing of peaks in infection. To the extent there have been regional differences, we will report state averages so that consumers can appropriately benchmark hospices' performance on HCI and HVLDL.

**5. If publicly reported in May 2022, what data would CMS use to report the HCI and HVLDL?**

If released in May 2022, the HCI and HVLDL measure reporting period would begin with FY2021 (Q1, Q2, and Q3 2021 and Q4 2020). The additional four quarters would be Q3 2020 and Q2, Q3, and Q4 of 2019—that is, past quarters adding up to eight quarters but omitting Q1 and Q2 of 2020.

**6. How often will CMS update claims-based measures?**

CMS will refresh claims-based measure scores on Care Compare, in preview reports, and in the confidential CASPER Agency-Level Quality Measure reports each year. Annual updates align with most claims-based measures across post-acute care settings.

**7. How will CMS calculate claims-based measures?**

For a given Care Compare refresh, CMS will calculate claims-based measures using data that are pulled at least 90 days after the last discharge date in the reporting period. For example, if the last discharge date in the two-year reporting period is December 31, 2022, for data collected from January 1, 2021 through December 31, 2022, CMS would create the data extract on approximately March 31, 2023, at the earliest. The time between December 31, 2022 and March 31, 2023 is called the “90-day run-off period.” CMS would use those data to calculate and publicly report the claims-based measures for the CY 2021 and 2022 reporting period.

**8. When will hospices have an opportunity to review and validate claims-based measures before they are publicly reported?**

Hospices can check the accuracy of their claims through the end of the 90-day run-off period. Then, as with HIS-based measures, and prior to the measures being publicly reported, CMS will implement a 30-day preview period for claims-based measures. This will serve as the final opportunity for hospices to review their data and alert CMS if they believe there are any errors in the measure calculations. If a hospice believes it has found an error with an HIS or claims-based measure calculation as displayed in their preview reports, they can request a review, and CMS will suppress the measure(s) if CMS agrees there is an error in the calculation. For more information about this process, please visit the [Preview Reports and Review Requests](#) page on the HQRP website.

**9. Will HCI and HVLDL be included in the QM Reports? How often will they be updated?**

Yes, claims-based measure scores will be included in the Hospice Agency-Level QM Report in CASPER. This report provides detail about measure scores (including for claim-based measures) to support your hospice's quality improvement efforts. After initially off-cycle releases in 2021 and 2022, measure scores will be updated annually in the fall in the QM Report as they will in the Preview Report and on Care Compare and the Provider Data Catalogue. Please note that the reporting period for HCI and HVLDL in the QM Reports will include Q1 and Q2 of 2020.

**10. Where will consumers find HCI and HVLDL measure scores?**

Consumers will find the HCI and HVLDL measures reported under the Quality of Patient Care display on Care Compare and in the Provider Data Catalogue's Hospice Provider dataset. The publicly-reported version of HCI on Care Compare will only include one final HCI score, while the Provider Data Catalogue datasets will include the final HCI score and scores for the ten indicators.

**11. Where can I find specifications for the measures?**

Measure specifications for HCI and HVLDL can be found in the revised QM Users' Manual located in the Downloads section of the [Current Measures](#) page of the HQRP.